



COMPLAINT RESOLUTION PROGRAM
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ANONYMOUS TIP FORM

PLEASE USE SEPARATE FORM FOR EACH TIP

TIP FILED AGAINST (BUSINESS NAME)

LICENSE/REG. NO. IF KNOWN

ADDRESS

(NUMBER)

(STREET)

(CITY)

(STATE)

(ZIP)

BUSINESS PHONE NUMBER:

(AREA CODE)

WHO DID YOU DEAL WITH?

PRODUCT/MODEL/ITEM OF CONCERN:

DATE OF PURCHASE / REPAIR / SERVICE:

BRIEFLY DESCRIBE YOUR ISSUE – WHO, WHAT, WHERE, WHEN, HOW (Use additional paper if needed)

WHAT DO YOU RECOMMEND TO RESOLVE THE ISSUE?
